Current Maili	ing Address:				
1823 SW 39 S CAPE CORAI	ST. L, FL 33914 US				
FEI Number: 85-3577282			Certificate of Status Des	ired: Yes	
Name and Address of Current Registered Agent:					
KIPHART, WILLIAM BOYD II 2473 BLACKBURN CIR CAPE CORAL, FL 33991 US					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE:	WILLIAM BOYD KIPHART II			04/08/2021	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT	Title	VP		

## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N20000010973

Entity Name: SONS OF LIBERTY MASONIC MOTORCYCLE RIDERS ASSOCIATION, INC.

**Current Principal Place of Business:** 

1823 SW 39 ST CAPE CORAL, FL 33914

Name

Title

Name

#### KIPHART, WILLIAM BOYD II Name MASLOWSKI, CHRISTOPHER Address 2473 BLACKBURN CIRCLE Address 1226 SE 23RD STREET CAPE CORAL FL 33990 City-State-Zip: CAPE CORAL FL 33991 City-State-Zip: Title TREASURER SECRETARY SANCHEZ-LEWIS, PAUL BANECK, RUSS Name Address 1823 SW 39 ST. Address 15333 CIRCLE DR. City-State-Zip: PUNTA GORDA FL 33955 City-State-Zip: CAPE CORAL FL 33914

Title	DIRECTOR, SGT. AT ARMS	Title	DIRECTOR
Name	DRAKE, GIL	Name	GENDRON, MICHAEL
Address	2255 CRYSTAL DR.	Address	2325 E. MALL DR.
City-State-Zip:	FT. MYERS FL 33907	City-State-Zip:	FT. MYERS FL 33901

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

## SIGNATURE: WILLIAM BOYD KIPHART II

PRESIDENT

04/08/2021 Date

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 08, 2021 Secretary of State 8852750390CC